

Quick Reference: Oregon Medicaid Eligibility Determinations for Inmates under Age 65

Use this process for inmates of county correctional facilities who are under the age of 65 and:

- Have inpatient hospitalizations during their incarceration, or
- Will soon be released from incarceration.

COUNTY JAIL PROCESS		RESPONSIBILITIES	
TYPE OF ACTION	WHAT TO SEND TO OHP CUSTOMER SERVICE (503-373-7493):	OHP CUSTOMER SERVICE	HOSPITAL
<p>Identify inmates who are scheduled for inpatient hospitalization.</p> <ol style="list-style-type: none"> Review their Medicaid eligibility using the Provider Web Portal at https://www.or-medicaid.gov. Within five (5) calendar days of the end of an unscheduled hospitalization, or up to 20 calendar days prior to a scheduled hospitalization, notify OHA of eligible or potentially eligible inmates. Within five (5) calendar days of discharge from the hospital and return to the correctional facility, fax the Cover Sheet to OHP Customer Service at 503-373-7493. 	<p>For inmates with no current or recent Medicaid eligibility (<i>potentially eligible</i>): Fax the following documents:</p> <ul style="list-style-type: none"> Cover Sheet (DMAP 7100) – Complete parts 1, 2, 3 (and Notes as needed) A completed application for Medical Assistance (OHA 7210) Proof of income, if available Proof of any other health insurance, if available If information is to be released to County Jail, a completed MSC 2099 <p>Do not use the Cover Oregon online application portal.</p>	<ol style="list-style-type: none"> Determine or reinstate eligibility upon receipt of completed documentation. Eligibility is effective the day OHP Customer Service receives the information/application. Notify applicant of eligibility approval, denial, or reinstatement. Suspend eligibility post-hospitalization upon notice from county jail. Ensure eligibility status is properly entered in MMIS. Ensure Client Enrollment Services (CES) exempts inmates from managed care organization (MCO) and coordinated care organization (CCO) enrollment and/or disenrolls any inmate already enrolled in an MCO/CCO. 	<ol style="list-style-type: none"> Confirm Medicaid eligibility using the Provider Web Portal (within 7 days from the date of application). Bill DMAP on a fee-for-service basis. If an inmate is released from the hospital prior to a full 24 hours as an inpatient, the hospital may still bill DMAP as long the inmate was originally admitted with the expectation of a 24-hour minimum stay. Hospitals may bill DMAP even if the inmate was released from incarceration at the same time as he/she was released from the hospital. Do not bill an MCO/CCO. MCO/CCOs are not responsible for inmate health care, and all individuals should be disenrolled from MCO/CCOs during incarceration.
	<p>For inmates with current/recent/suspended Medicaid eligibility: Fax the Cover Sheet with the required in-patient hospital stay information.</p> <ul style="list-style-type: none"> Complete parts 1, 2 and Notes. If the inpatient hospital stay is a brief one, all of the required information may be submitted on a single Cover Sheet. 		

COUNTY JAIL PROCESS		RESPONSIBILITIES	
TYPE OF ACTION	WHAT TO SEND TO OHP CUSTOMER SERVICE (503-373-7493):	OHP CUSTOMER SERVICE	HOSPITAL
<p>Identify inmates who are within five (5) days of release from incarceration.</p> <ol style="list-style-type: none"> Review their Medicaid eligibility using the Provider Web Portal at https://www.or-medicaid.gov. Within five (5) calendar days of release, notify OHA of eligible or potentially eligible inmates. 	<p>For inmates with no current or recent Medicaid eligibility (<i>potentially eligible</i>): Fax the following documents:</p> <ul style="list-style-type: none"> Cover Sheet (DMAP 7100) – Complete parts 1, 2, 3 (and Notes as needed) A completed OHA 7210 listing the inmate’s address upon release Proof of income, if available Proof of any other health insurance, if available <p>Do not use the Cover Oregon online application portal.</p>	<ol style="list-style-type: none"> Determine or reinstate eligibility upon receipt of completed documentation. Eligibility is effective the day OHP Customer Service receives the information/application. Notify applicant of eligibility approval, denial, or reinstatement. Ensure CES removes MCO/CCO enrollment exemptions for released inmates. 	N/A
	<p>For inmates with current/recent/suspended Medicaid eligibility: Fax the Cover Sheet with the inmate’s release information.</p> <ul style="list-style-type: none"> Complete parts 1, 2, and Notes 		

Notes:

- Once determined, Medicaid eligibility is effective for 12 months unless there is a change in the individual’s circumstances (e.g., new income). In that case, OHA will need to re-determine eligibility based on a new application.
- For inmates with current/recent/suspended Medicaid eligibility, if an inmate does not have a change in circumstances, eligibility remains suspended, and if the individual is re-hospitalized during the 12- month certification period, a new application is not required.
- Under certain limited circumstances, retroactive eligibility may be possible (up to 90 days prior to the eligibility determination), providing the individual would have been Medicaid-eligible, and the services would have been covered under the Oregon Health Plan, at the time.